

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591525

FILING DATE

9/1/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5		3				
6		3				
7		1				
8		1				
9		1				
10	1					
11	1					
12						
13						
14		3				
15		3				
16		3				
17		3				
18	1					
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	1					
29	1					
30	1					
31	1					
32	4					
33	10					
34	10					
35	10					
36	10					
37	1					
38	1					
39	2					
40	1					
41						
42						
43						
44						
45						
46	1					
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		1				
53		1				
54						
55						
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57						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		9				
TOTAL DEP.		56				
TOTAL CLAIMS		65				